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PART B - FEE(S) TRANSMITTAL

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NOV 01 2005

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11/02/2005 TBESHAWZ 00000022 192090 10506911

01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 10.00 DA

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

10/506,911 09/02/2004 Jerrold S. Petrofsky 13999-1US 5422

TITLE OF INVENTION: METHOD AND DEVICE FOR WOUND HEALING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/18/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
JASTRZAB, JEFFREY R		3762	607-050000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 David A. Farah, M.D.
 2 SHELDON & MAK PC
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Loma Linda University

Loma Linda, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 6

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2090 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature David Farah

Date November 1, 2005

Typed or printed name David A. Farah, M.D.

Registration No. 38,134

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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NOV 01 2005

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)Docket No.
13999-1US

Applicant(s): PETROFSKY, Jerrold S.

Application No. 10/506,911	Filing Date September 2, 2004	Examiner JASTRZAB, Jeffrey R.	Customer No. 23676	Group Art Unit 3762	Confirmation No. 5422
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Invention: METHOD AND DEVICE FOR WOUND HEALING

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Transmitted herewith are the following for the above-identified application.

Issue Fee Transmittal Form PTO-85

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Publication Fee: \$ 300.00 Advance Order # 6 copies of Issued Patent Fee: \$18.00

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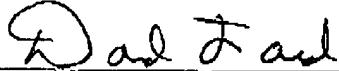
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Dated: November 1, 2005

David A. Farah, M.D.
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